



Michigan Supreme Court

State Court Administrative Office

Michigan Hall of Justice

P.O. Box 30052

Lansing, Michigan 48909

Phone (517) 373-0128

Carl L. Gromek, Chief of Staff
State Court Administrator

DATE: June 15, 2006

TO: District Court Judges, Administrators, Clerks, Magistrates, Prosecuting Attorneys, City Attorneys, Law Enforcement Officers, Michigan Municipal League, Michigan Townships Association, and all persons and agencies affected

FROM: Carl L. Gromek

RE: Municipal Civil Infraction Notice of Violation and Uniform Municipal Civil Infraction Citation 2006 Revisions, Effective Immediately

I recently approved revisions to the Municipal Civil Infraction Notice of Violation (UC 02) and Uniform Municipal Civil Infraction Citation (UC 03). Changes consisted of: 1) revising the SSN field to a 4-digit field; and 2) revising the field for operator's and chauffeur's license. The changes are effective immediately.

Existing stock can be used until depleted, provided the issuing officer enters only the last four digits of a social security number on the forms. The 2006 version must be used when the citations are reordered.

Attached is an updated list of printers who have been supplied with camera-ready copies of the revised citations. Also attached is the first page of the notice and the citation, with revisions noted. The forms are available, upon request, in PageMaker format or Adobe Acrobat PDF.

If you have any questions, please contact Amy L. Byrd at 517-373-4864 or byrda@courts.mi.gov.

Attachments

PRINTERS OF UNIFORM LAW CITATION

Rev. 5/06

AMERICAN BUSINESS FORMS

Gary Rockabrand
6305 Kings Pointe
P.O. Box 481
Grand Blanc, MI 48439
(810) 695-3225
FAX (810) 695-1271

BRD PRINTING AND FORMS

Craig Grinnell
912 W. St. Joseph
Lansing, MI 48915
(517) 372-0268
FAX (517) 372-4922

DATA LEGAL FORMS

Division of Pummill Business Forms Inc.
Bob Jones
341 Ellsworth SW
Grand Rapids, MI 49503
(616) 475-1234
1-888-888-7776 ext. 237
FAX (616) 475-1235

FIDLAR DOUBLEDAY INC.

Dottie Walker
4570 Commercial Avenue, Suite A
Portage, MI 49002
(269) 544-3600
(800)632-2259
www.fidlaronline.com

FORMS TRAC ENTERPRISES

Harold Hoover
637 E. Big Beaver Rd.
Suite 211
Troy, MI 48083-1425
(248) 524-0006
FAX (248) 524-2370

FUDGE BUSINESS FORMS, INC.

1163 Centre Drive.
Auburn Hills, MI 48326
(248) 373-8666
FAX (248) 373-8667

G.A. THOMPSON CO.

Greg Thompson
P.O. Box 730254
Dallas, TX 75372
(214) 827-1688
FAX (214) 827-0571

* Indicates state contract

GREAT LAKES PRINTING SOLUTIONS

Tim Groleau
1117 E. Mt. Garfield
Muskegon, MI 49441
(231) 799-6020
(800) 530-9876
FAX (800) 798-2640

IMPACT SOLUTIONS

Robert Rabideau
4526 North Grand River Avenue
Lansing, MI 48906
(517) 371-3826
FAX (517) 487-6630
www.impactsolution.net

PRINTING SOLUTIONS INC.

William Frysinger
P.O. Box 80797
Lansing, MI 48037
(517) 323-2420
FAX (517) 323-2219

PRINTING SYSTEMS

Ed or Mark Stevens
12680 Delta Dr.
Taylor, MI 48180
(734) 946-5111
FAX (734) 946-1115

PRINTITON BUSINESS FORMS INC.

Robert Hanner/Jack Hanner
340 S. Mill Street
Plymouth, MI 48170
(734) 455-5590
FAX (734) 455-6340

* ROTORY MULTI FORM

Bill Condon
2501 Plainfield Ave. N.E.
Grand Rapids, MI 49505
(616) 447-7540
FAX (616) 447-7550

TARGET INFORMATION MANAGEMENT

John Harris
P.O. Box 22003
Lansing, MI 48909
(517) 337-1211
FAX (517) 337-9205

UPS Deliveries to TAGRET
3382 Hulett
Okemos, MI 48864

☐ C.I.
☐ MIS.
☐ JUV.

**State of Michigan
Municipal Civil Infraction
Notice of Violation**

Ticket No.

Dept. No.

Complaint No.

Offense Code

Local Use/Arrest No.

The People of: ☐ the State of Michigan
☐ Township ☐ City ☐ Village ☐ County

OF:

THE UNDERSIGNED Month Day Year At approximately ☐ A.M. ☐ P.M. Date of Birth Month Day Year
SAYS THAT ON:

State ☐ Oper./Chauff. ☐ CDL Driver License Number SSN (last 4 digits)

Race Sex Height Weight Hair Eyes Occupation/Employer

Name (First, Middle, Last)

Street

City

State

Zip Code

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Veh. Type

THE PERSON NAMED ABOVE, in violation of §

☐ Local Ordinance ☐ State Law ☐ Administrative Rule

UPON

AT OR NEAR

WITHIN ☐ CITY ☐ VILLAGE ☐ TOWNSHIP OF

COUNTY OF

DID THE FOLLOWING

☐ Nuisance Ordinance ☐ Building Code
☐ Licenses Ordinance ☐ Plumbing Code
☐ Zoning Ordinance ☐ Electrical Code
☐ Sign, Lighting & Display Ordinance ☐ Mechanical Code
☐ Animal & Fowl Ordinance ☐ Other

Describe:

Person in Active Military Service ☐ Yes ☐ No

THIS VIOLATION IS A CIVIL INFRACTION and is your violation.

The fine for this violation is \$ and must be paid at the violations bureau by 5:00 p.m. on unless you contact the violations bureau before this time.

SEE BELOW FOR AN EXPLANATION OF YOUR RIGHTS AND INSTRUCTIONS.

WARNING: If you fail to pay the fine specified above or fail to contact the violations bureau on the date and time specified above, a civil infraction citation will be issued.

You are alleged to be responsible for a civil infraction. You must either: 1) admit responsibility; 2) admit responsibility with explanation; or 3) deny responsibility.

ADMIT RESPONSIBILITY: If you wish to admit responsibility and pay your fine, you may do so by appearing in person or by mailing your fine along with this notice to the violations bureau.
ADMIT RESPONSIBILITY WITH EXPLANATION OR DENY RESPONSIBILITY: If you wish to admit responsibility with explanation or deny responsibility and have a hearing, you must contact the violations bureau on or before the date specified above. A citation will be issued and filed with the court where you will have the right to an informal hearing before a magistrate or judge or to appear in court for a formal hearing before a judge.

Violations bureau address & phone number

I personally served a copy of this notice upon the defendant.

I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable Month Day Year

Officer's Name (printed)

Officer's ID No.

Agency ORI

Agency Name

MI-

UC-02 (rev. 5/06)

☐ C.I.
☐ MIS.
☐ JUV.

Ticket No.

Name

Case No.

Filename: G:\FORMS\LIBRARY\citations\UC02.P65

Sheet: 1 Copy: Face

Scale: 100%

Artwork

Ink color: Black

Screens: Solid

☐ C.I.
☐ MIS.
☐ JUV.

**State of Michigan
Uniform Municipal
Civil Infraction Citation**

Ticket No.

Dept. No.

Complaint No.

Offense Code

Local Use/Arrest No.

The People of: ☐ the State of Michigan
☐ Township ☐ City ☐ Village ☐ County

OF:

THE UNDERSIGNED Month Day Year At approximately ☐ A.M. ☐ P.M. Date of Birth Month Day Year
SAYS THAT ON:

State ☐ Oper./Chauff. ☐ CDL Driver License Number SSN (last 4 digits)

Race Sex Height Weight Hair Eyes Occupation/Employer

Name (First, Middle, Last)

Street

City

State

Zip Code

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Veh. Type

THE PERSON NAMED ABOVE, in violation of \$

☐ Local Ordinance ☐ State Law ☐ Administrative Rule

UPON

AT OR NEAR

WITHIN ☐ CITY ☐ VILLAGE ☐ TOWNSHIP OF

COUNTY OF

DID THE FOLLOWING

☐ Nuisance Ordinance ☐ Building Code
☐ Licenses Ordinance ☐ Plumbing Code
☐ Zoning Ordinance ☐ Electrical Code
☐ Sign, Lighting & Display Ordinance ☐ Mechanical Code
☐ Animal & Fowl Ordinance ☐ Other

Describe:

Person in Active Military Service ☐ Yes ☐ No

THIS VIOLATION IS A CIVIL INFRACTION and is your violation.

The fine for this violation is \$ and must be paid at the violations bureau by 5:00 p.m. on unless you contact the violations bureau before this time.

NOTE: This is a copy of the Notice of Violation served on the defendant.

I state that the above notice of violation was served on the defendant. The defendant failed to pay the fine specified above or failed to contact the violations bureau on the date and time specified above. Therefore, this civil infraction citation is being issued.

TO THE DEFENDANT: You are required to appear as follows to answer this citation.

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

☐ Appearance Date on or before
☐ Hearing Date (if applicable) on ☐ Contact Court
A formal hearing may be requested by either party.

In the Court of

Court address & phone number

I served a copy of this complaint upon the defendant by first class mail at the defendant's last known address and filed a copy of this complaint with the court.

I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable Month Day Year

Officer's Name (printed)

Officer's ID No.

Agency ORI

Agency Name

MI-

UC-03 (rev. 5/06)

☐ C.I.
☐ MIS.
☐ JUV.

Ticket No.

Name

Case No.

Filename: G:\FORMS\LIBRARY\citations\UC03.P65

Sheet: 1 Copy: Face

Scale: 100%

Artwork

Ink color: Black

Screens: Solid